

Your Name: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self or ☐ Attorney for _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the Matter of (check one or both)
The Guardianship ☐ Conservatorship ☐ of

Case Number: PB _____

PETITION FOR TERMINATION OF

(check all that apply)

☐ **GUARDIANSHIP OF A MINOR**

☐ **CONSERVATORSHIP OF A MINOR**

☐ **RELEASE OF RESTRICTED FUNDS**

_____ of
A Minor

1. **INFORMATION ABOUT MY APPOINTMENT:** I was appointed and accepted the following appointment (check one box):

☐ Guardian and Conservator on _____ (date); OR

☐ Guardian _____ (date); OR

☐ Conservator _____ (date).

My address is: _____

2. **INFORMATION ABOUT THE MINOR:** The person for whom I am Guardian and/or Conservator is: _____ Date of Birth ____/____/____.

(Name of Minor)

One of the following documents is attached to this Petition as proof of the minor's age:

☐ A copy of the minor's birth certificate; or

☐ A copy of the minor's drivers license.

3. **REASON FOR TERMINATION OF THE GUARDIANSHIP AND/OR CONSERVATORSHIP:** (check one box)

☐ The need for the Guardianship and/or Conservatorship has terminated because the minor reached the age of 18, on _____ (date). OR

☐ The need for the Guardianship and/or Conservatorship has terminated because the rights of the parents are no longer terminated or suspended by circumstances, or by parental consent or by prior court order because (explain): _____

☐ The need for the Guardianship and/or Conservatorship has terminated because the minor has died. The date of death was _____ (Attach copy of death certificate)

Complete the information for number 4, 5, and 6 for conservatorships only.

4. **REASON FOR RELEASE OF FUNDS:** Information about the current restricted account:

A. Amount now in restricted account: \$ _____

B. Account number # _____

C. Name and address of financial institution: _____

5. **STATEMENT ABOUT RESTRICTED FUNDS:** (check one box) ☐ I HAVE NOT MADE or ☐ I HAVE MADE previous withdrawals from this or any other restricted account without a written order of this Court, as follows (explain carefully; give details about amount, date, reason): _____

6. **REQUEST ABOUT RESTRICTED FUNDS:** (check one box)
- ☐ I ask that the minor's restricted funds be released to the minor in this matter because he or she is now an adult entitled to control the funds currently held for his or her benefit by the Conservator.
- ☐ I ask that the minor's restricted funds be released to the minor's estate because the minor has died.

THEREFORE, I ask the court to enter an order:

- A. ☐ **FOR GUARDIANSHIP:** Terminating the Guardianship and discharging me as Guardian.
- B. ☐ **FOR CONSERVATORSHIP:**
1. Terminating the Conservatorship;
 2. Directing the release of funds to the former minor as requested in the Petition;
 3. Requiring proof that the funds have been released to the former minor or his or her estate within 30 days after entry of an order; and,
 4. Discharging me as Conservator.

OATH AND VERIFICATION OF PETITIONER:

STATE OF ARIZONA)
MARICOPA COUNTY) ss.

I, being duly sworn and under oath, state that I have read this Petition. All the statements in the Petition are true and correct and complete to the best of my knowledge and belief.

SIGNATURE OF PETITIONER: _____

Subscribed and sworn to before me this date: _____ by _____

My Commission Expires: _____ NOTARY PUBLIC: _____

SIGNATURE OF MINOR: _____

Subscribed and sworn to before me this date: _____ by _____

My Commission Expires: _____ NOTARY PUBLIC: _____